

## ISU STUDENT ORGANIZATION TRAVEL AUTHORIZATION

**Organization Name** \_\_\_\_\_ **Date of Request** \_\_\_\_\_  
**Date of Departure** \_\_\_\_\_ **Time of Departure** \_\_\_\_\_  am  pm  
**Date of Return** \_\_\_\_\_ **Time of Return** \_\_\_\_\_  am  pm

**Trip Coordinator**

**Name** \_\_\_\_\_ **E-Mail** \_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Purpose of Trip**

Conference/Workshop     Tournament     Event     Other \_\_\_\_\_

**Conference/Workshop, Tournament, Event Information**

**Title** \_\_\_\_\_ **Location** \_\_\_\_\_  
**Contact Person/Agency** \_\_\_\_\_ **Website** \_\_\_\_\_  
**Phone Number(s)** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Lodging Information (1<sup>st</sup>)**

**Dates of Stay** \_\_\_\_\_

**Name** \_\_\_\_\_ **Location** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Lodging Information (2<sup>nd</sup>)**

**Dates of Stay** \_\_\_\_\_

**Name** \_\_\_\_\_ **Location** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Emergency Contact Person(s) on Trip**

**Name** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Name** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Special Information** \_\_\_\_\_

**Transportation Information**

**Destination** \_\_\_\_\_ **Estimated Total Trip Mileage** \_\_\_\_\_

**Method of Transportation**     Personal Vehicle/s     Bus     Airline     GSB/ISU Vehicle

**Travel Route & Itinerary** (attach other pages as needed) \_\_\_\_\_

**Passenger List:** Please print neatly and spell all names correctly and indicate Student ID# or Non-Student (NS)

Name	Student ID#	NS	Name	Student ID#	NS
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>

(Attach other pages for additional participants)

**Total number of participants** \_\_\_\_\_

## ISU STUDENT ORGANIZATION TRAVEL AUTHORIZATION (CONTINUED)

### GSB/ISU VEHICLE REQUEST

Transportation Services, 294-1882, Haber Road  
Pick-up hours - Monday-Friday, 7:00 AM – 5:00 PM

**Campus Organization Account Number**    **206-00-35-00-** \_\_\_\_\_

Date of Key Pick-up \_\_\_\_\_ Time of Key Pick-up \_\_\_\_\_  am  pm

Date of Vehicle Return \_\_\_\_\_ Time of Vehicle Return \_\_\_\_\_  am  pm

**Indicate type and number of vehicles requested.**

_____ Car (5-passengers)	_____ Van* (12-passengers)	_____ ¼-Ton Pick-up (3-passengers)
_____ Minivan (7-passengers)	_____ Van* (15-passengers)	_____ ½-Ton Pick-up (3-passengers)
_____ Suburban (9-passengers)	_____ Mini Cargo Van (2-4 passengers)	_____ ¾-Ton Pick-up (3-6 passengers)
_____ Cargo Trailer*	_____ Medium Cargo Van (2-5 passengers)	_____ 1-Ton Pick-up (3-6 passengers)
	_____ Large Cargo Van (5 passengers)	_____ Bed Topper for Pick-up

\* Vehicles require additional driver training: Classroom training (2 hours) and Hands-on Driving Clinic (approximately 2 hours).

**Driver Information:** Print neatly, spell all names correctly, and indicate Student ID# or Non-Student (NS)

Driver(s) Name	Driver's License #	State	ISU Student ID#	NS
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

(Attach other pages for additional drivers)

**Trip Coordinator's Signature\*\*** \_\_\_\_\_

**Treasurer's Signature\*\*** \_\_\_\_\_ Printed Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**Adviser's Signature\*\*** \_\_\_\_\_ Printed Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone Number \_\_\_\_\_

\*\* My signature assures that all passengers and drivers are authorized participants on this trip and that I have read and I accept all the rules and policies and procedures for student organization travel. The drivers listed above have been or will receive AUTHORIZATION to drive Iowa State University vehicles per the approval process. (See Driver Authorization form)

#### FOR OFFICE USE ONLY

Request Received By \_\_\_\_\_ Date \_\_\_\_\_ Level of Trip \_\_\_\_\_

Vehicles Reserved (TS) \_\_\_\_\_ Date \_\_\_\_\_

Drivers Check Verification \_\_\_\_\_ Trip Approved Yes \_\_\_\_\_ No \_\_\_\_\_

E-mail sent to verify trip has final approval \_\_\_\_\_ Date \_\_\_\_\_

ORM \_\_\_ REC \_\_\_ Signature \_\_\_\_\_

Comment Section \_\_\_\_\_  
\_\_\_\_\_